

EMERGENCY TELEPHONE NUMBERS

Fire: _____

Police or sheriff: _____

Hospital: _____

Rescue squad/ambulance: _____

Medical practitioner(s): _____

Scout executive: _____

Office: _____ Home: _____

Cell: _____ Email: _____

National Crisis Communication Support

- BSA crisis and communication issues management hotline: 1-855-870-2178
- BSA national office communication specialist: David Burke, 972-580-2280
- BSA public relations email: PR@scouting.org

HOW TO USE THE FIRST AID LOG

- Print the time of day, name of each person seen, a brief summary of injury or complaint of illness, and pertinent comments. Information should include the nature of the activity engaged in at the time of the injury or illness and the specific location, such as swimming pool, troop campsite, or dining hall. Each treatment or disposition must be described and signed by the person rendering aid. Use as many lines as needed for each entry.
- If a complete page of the First Aid Log is not used on any one day, draw a line through the entire next space across both pages and enter the next day's date on the next line. This eliminates the possibility of false entries at a later date.
- The SOAP formula is recommended for recording in this log.
 - S—Subjective: what you are *told*
 - O—Objective: what you *see and measure*
 - A—Assessment: working diagnosis, what you *think* is the problem
 - P—Plan: what you *did to treat* the problem
- **IMPORTANT.** This record should be kept on file in the council service center, following council retention policies.

Note: All incidents, illnesses, and injuries requiring the intervention of a medical provider beyond basic Scout-rendered first aid shall be reported via MyBSA. The Incident Information Report, No. 680-016, and Near Miss Incident Information Report, No. 680-017 (for incidents not resulting in injury or illness, but could have), are available at www.scouting.org/forms or from Supply Group to aid in your reporting.

680-127WB
2012 Revision

Date: _____ to _____

Activity/event: _____

Page 4 of 4

First Aid Log

For a council/district activity or event including day camps.
(Resident camps must use No. 33681.)

Council name/number: _____ District: _____

Activity/event: _____

Location: _____

Duration: _____ to _____
Date Time Date Time

Health officers/first-aid providers:

Name: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

Name: _____ Scouting position: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____



BOY SCOUTS OF AMERICA®

FIRST AID LOG

All entries should be made in ink.

Time (24:00)	Print Name		Unit No./ Age	Complaint/Type of Injury/Activity/Location and Examination of Findings
	Last	First		

Comments (Activity and Location)	Treatment/Disposition	Treated by